

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

ADDRESS (number and street) 999 E Street, NW Suite 400 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 01 / 2023 through 11 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Murphy, Jennifer, , ,

Signature of Treasurer Murphy, Jennifer, , , Date 12 / 11 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  | <input type="text" value="278198.46"/> | <input type="text" value="278198.46"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="367842.90"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="28901.67"/>  | <input type="text" value="480044.87"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="396744.57"/> | <input type="text" value="758243.33"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="19209.70"/>  | <input type="text" value="380708.46"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="377534.87"/> | <input type="text" value="377534.87"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 24174.17                      | 314914.70                         |
| (ii) Unitemized .....   | 4727.50                       | 165130.17                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 28901.67                      | 480044.87                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 28901.67                      | 480044.87                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 28901.67                      | 480044.87                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 28901.67                      | 480044.87                         |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 661.70                        | 9813.46                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 661.70                        | 9813.46                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 18500.00                      | 367500.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 48.00                         | 3395.00                           |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 48.00                         | 3395.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 19209.70                      | 380708.46                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19209.70                      | 380708.46                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 28901.67                              | 480044.87                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 48.00                                 | 3395.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 28853.67                              | 476649.87                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 661.70                                | 9813.46                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 661.70                                | 9813.46                                   |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:<br>(check only one)    | PAGE 6 OF 154                |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
| <input type="checkbox"/> 16             | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Stiles, Mark, , ,**

Mailing Address 426 E Ingram St

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Mesa | State<br>AZ | Zip Code<br>85203-2505 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>AmWins | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
11 / 01 / 2023  
**Transaction ID : 17759975**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Kohlsdorf, Eric, , ,**

Mailing Address 1501 Ingersoll Ave  
Suite 200

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Des Moines | State<br>IA | Zip Code<br>50309-3102 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Prisma Strategies | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
11 / 01 / 2023  
**Transaction ID : 17759976**

Amount of Each Receipt this Period  
85.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Sloan, Karen, , ,**

Mailing Address 58 Verano Loop

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Santa Fe | State<br>NM | Zip Code<br>87508-8827 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>KMS Insurance Solutions | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
11 / 02 / 2023  
**Transaction ID : 17760336**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 7 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Shaw, Wanda, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 South 10 Street  
 City Griffin State GA Zip Code 30224-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 02 / 2023  
**Transaction ID : 17760342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Semons, Nathan, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Pole Line Road  
 City Pocatello State ID Zip Code 83201-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Real Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 02 / 2023  
**Transaction ID : 17760346**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Kennedy-Simington, Dierdre, , CHRS, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 E. Green Street  
 City Pasadena State CA Zip Code 91101-2034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAssist Health Insurance Services, L Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 482.00

Date of Receipt  
 11 / 02 / 2023  
**Transaction ID : 17760349**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Boop, Deborah, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 North Chestnut Street  
 Suite 202  
 City Ravenna State OH Zip Code 44266-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaczmarek Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 17760351**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Giardina, Charles, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5440 Mounes Street  
 City New Orleans State LA Zip Code 70123-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1355.00

Date of Receipt 11 / 02 / 2023  
**Transaction ID : 17760353**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Murphy, Stacy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3080 S Jog Rd  
 City Greenacres State FL Zip Code 33467-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 17760613**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Bibian, Jolene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Maple Ct # 212  
 City Ventura State CA Zip Code 93003-9122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mills + Maple Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 17760615**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Poole, Eugene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14117 Jones Bridge Road  
 City Upper Marlboro State MD Zip Code 20774-8585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aligned Benefits Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 17760616**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Cohen, Lillian, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Sandtree Drive  
 City Palm Beach Gardens State FL Zip Code 33403-1597  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group - Central & South Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 17760618**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. D'Arciprete, Elana, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12945 U.S. Highway 331  
 City Montgomery State AL Zip Code 36105-6431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D'Arciprete & Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 17760619**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. King, Carolyn, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Country Lane  
 City Sussex State NJ Zip Code 07461-4630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolyn J King Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 17760620**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Norris, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 295 E Palmer Street  
 City Franklin State NC Zip Code 28734-3049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2023  
**Transaction ID : 17760621**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 100.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 11 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Dinkel, Matthew, Kim, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13700 Six Mile Cypress Pkwy  
 City Fort Myers State FL Zip Code 33912-4324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 17760622**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Stockstill, Julia Beckie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 E. San Augustine  
 City Deer Park State TX Zip Code 77536-4160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stockstill & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 17760623**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Bethel, Lee, V., CLU,REBC,R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5568 General Washington Drive # A-217  
 City Alexandria State VA Zip Code 22312-2465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefit Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 17760625**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 212.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Dorroh, Thomas, Allen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 996  
 City Killeen State TX Zip Code 76540-0996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BKCW Insurance Agency Occupation (for Individual) Employee Benefits Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 03 / 2023  
**Transaction ID : 17760627**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Messina, Beverly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20061 Ridgeway Ct  
 City Clinton Township State MI Zip Code 48038-2290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 17760646**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Carroll, Ryan, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Florence Ave  
 City Cincinnati State OH Zip Code 45206-2426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Broker Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 17760648**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 13 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Keehn, Joanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3104 Hubbard Rd  
 City Madison State OH Zip Code 44057-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthMarkets Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 17760651**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kiebler, John, , HIA,LUTCF,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4168 Clearwater Way  
 City Lexington State KY Zip Code 40515-6021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 17760652**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Nolimal, Frank, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5740 S. Arville  
 City Las Vegas State NV Zip Code 89118-3069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 04 / 2023  
**Transaction ID : 17760654**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 215.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 14 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Cagliola, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd  
 City Berwyn State PA Zip Code 19312-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt **11 / 04 / 2023**  
**Transaction ID : 17760656**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. York, Melanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 82nd St  
 City Lubbock State TX Zip Code 79424-3344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 90 Degree Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 05 / 2023**  
**Transaction ID : 17760672**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cox, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9824 Arden St  
 City Livonia State MI Zip Code 48150-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 05 / 2023**  
**Transaction ID : 17760676**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 15 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Sale, Raymer, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2905 Premiere Parkway Suite 285  
 City Duluth State GA Zip Code 30097-5246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 17760679**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Crosby, Neil, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2710 Conejo Canyon Ct Unit 21  
 City Thousand Oaks State CA Zip Code 91362-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Benefits Professional Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 17760680**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Gualtieri, Peter, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1600 JFK Boulevard  
 City Philadelphia State PA Zip Code 19103-2852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 17760683**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 215.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 16 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Martin, Ingrid, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3857 Grand Oak Drive  
 City Brunswick State OH Zip Code 44212-3594  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mid-America Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 17760685**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Carothers, Christopher, B., LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3037 E Warm Springs Rd. Suite 400  
 City Las Vegas State NV Zip Code 89120-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carothers Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 17760686**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Thomas, Brett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1624 Sunflower Ln  
 City Twin Falls State ID Zip Code 83301-3670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magic Valley Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 05 / 2023  
**Transaction ID : 17760689**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Kirk, Stephanie, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18887 State Highway 305 Suite 300  
 City Poulsbo State WA Zip Code 98370-7461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2023  
**Transaction ID : 17760690**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Sailer, Gregory, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 948 Inwood Ave N  
 City Saint Paul State MN Zip Code 55128-6625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sailer Benefit Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2023  
**Transaction ID : 17760691**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Adams, Holly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 726 Bryn Mawr Ave  
 City Penn Valley State PA Zip Code 19072-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Go Well Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 17760707**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 130.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 18 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Sokol, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Wilshire Drive  
 Suite 330  
 City Troy State MI Zip Code 48084-5611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilshire Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 17760708**  
 Amount of Each Receipt this Period  
 170.00  
 Memo Item

**B. Cupo, Gary, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 10004  
 City Fairfield State NJ Zip Code 07004-6004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 17760710**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Hoffman, Crystal, , SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14905 Southwest Fwy  
 Ste 200  
 City Sugar Land State TX Zip Code 77478-5021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2023  
**Transaction ID : 17760711**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Fanuele, Dominick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Little Falls Rd.  
 2nd Floor  
 City Fairfield State NJ Zip Code 07004-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 17760712**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Brachlow, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 Westchester Ave  
 Suite S229  
 City White Plains State NY Zip Code 10604-3545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 17760713**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Smith, Michael, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Stone Hill Farms Parkway  
 City Flower Mound State TX Zip Code 75028-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 17760714**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 92.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 20 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Combs, Susan, L., PPACA, ChH,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Fifth Ave  
 Ste 501  
 City New York State NY Zip Code 10001-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 06 / 2023  
**Transaction ID : 17760715**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Marinelli, Aaron, M. J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36711 American Way  
 Suite 2F  
 City Avon State OH Zip Code 44011-4061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 17760844**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Sorenson, Kirstine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5715 W. Alexander Rd.  
 #130  
 City Las Vegas State NV Zip Code 89130-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The MultiCare Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 17760846**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 322.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. McDermott, H., Luke, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 883 West Baxter Drive  
 City South Jordan State UT Zip Code 84095-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Company & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 17760847**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Gussin, Craig, , CLU, LPRT,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Palomar Airport Road #260  
 City Carlsbad State CA Zip Code 92011-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 17760848**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Pendorf, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31666 W. Nine Dr.  
 City Laguna Niguel State CA Zip Code 92677-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2023  
**Transaction ID : 17760850**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Mayer, Alana, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N. Central Ave  
 9th Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 17760851**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Sherrill, David, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 498 Palm Springs Dr, Suite 270  
 City Altamonte Springs State FL Zip Code 32701-7805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 07 / 2023  
**Transaction ID : 17760987**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Garcia, J., Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 820 Jordan Street  
 Suite 400  
 City Shreveport State LA Zip Code 71101-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moreman, Moore & Co. Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761447**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 23 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Rolf, Rita, E., CRPS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1226 Edgewood Ln  
 City Allen State TX Zip Code 75013-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TexCap Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761450**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Galardini, Richard, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Pinewood Ln Ste 301  
 City Warrendale State PA Zip Code 15086-7617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761453**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Clingan, Nedra, C., GBDS, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13222 Huisache Way  
 City Helotes State TX Zip Code 78023-3606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761455**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 185.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Hepscher, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38168 Medical Center Avenue  
 City Zephyrhills State FL Zip Code 33540-1380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3110.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761456**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Tandrow, Tara, , CIC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6720 N Scottsdale Road Suite 310  
 City Scottsdale State AZ Zip Code 85253-4473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUB Southwest Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761457**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Griffey, Patricia, A., , CSA, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56294 Primrose Cir  
 City Elkhart State IN Zip Code 46516-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Page 1 Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761459**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 215.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Redmon, Bridget, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 711 E. Lewis & Clark Parkway  
 Suite 205  
 City Clarksville State IN Zip Code 47129-2287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) B. Redmon Insurance Partners, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : 17761460**  
 Amount of Each Receipt this Period 32.00  
 Memo Item

**B. Magnuson, Raymond, E., , JD,CLU,ChF**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4337 E. 5th Street  
 City Tucson State AZ Zip Code 85711-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : 17761730**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hansen, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 So 2nd St  
 City Mount Vernon State WA Zip Code 98273-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heritage Financial Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : 17761731**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 159.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 26 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Caselman, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 N 4th St  
 City Grand Junction State CO Zip Code 81501-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Home Loan Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 11 / 09 / 2023  
**Transaction ID : 17761733**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Rider, Susan, M., MS, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 366  
 City Westfield State IN Zip Code 46074-0366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Human Capital Concepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt  
 11 / 09 / 2023  
**Transaction ID : 17761735**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Jimison, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6185 Magnolia Ave Ste 319  
 City Riverside State CA Zip Code 92506-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 09 / 2023  
**Transaction ID : 17761737**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 27 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Deagle, Michael, P., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 422 W. State St.  
 Suite 150  
 City Geneva State IL Zip Code 60134-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1833.37**

Date of Receipt **11 / 09 / 2023**  
**Transaction ID : 17761738**  
 Amount of Each Receipt this Period **166.67**  
 Memo Item

**B. Rice, Lori, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box78006  
 City Boerne State TX Zip Code 78006-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 09 / 2023**  
**Transaction ID : 17761739**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item

**C. Mordo, David, , ACA Certif,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1630 Killdeer Lane  
 City Wilmington State NC Zip Code 28405-4479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D Mordo Employee Benefits & Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **207.00**

Date of Receipt **11 / 09 / 2023**  
**Transaction ID : 17761740**  
 Amount of Each Receipt this Period **12.00**  
 Memo Item

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>208.67</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Hartley, Lawrence, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2040 Main Street  
 Suite 450  
 City Irvine State CA Zip Code 92614-8274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Risk Strategies Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : 17800662**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Buza, Raymond, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1165 22nd St  
 City Vero Beach State FL Zip Code 32960-6035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : 17800665**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Freeman, Joann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 Oak Street  
 City Laguna Beach State CA Zip Code 92651-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : 17800666**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Buffum, Ronald, S., SGS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3016 Rock Rose Pl

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Round Rock | State<br>TX | Zip Code<br>78665-3821 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>The Buffum Group LLC | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 10  |   | 2023    |

**Transaction ID : 17800667**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Pedersen, Jill, L., REBC,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16325 Boones Ferry Rd #204

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Lake Oswego | State<br>OR | Zip Code<br>97035-4297 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Columbia Benefit Solutions, Inc. | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1435.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 10  |   | 2023    |

**Transaction ID : 17800671**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Block, Howard, , SGS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Oak Kolbe Ln

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77080-1468 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Evry Health | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 11  |   | 2023    |

**Transaction ID : 17801694**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 30 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Haberman, Joshua, , RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 Bryant Ave S  
Suite 105

City Bloomington State MN Zip Code 55420-3473

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2145.00

Date of Receipt 11 / 11 / 2023  
**Transaction ID : 17801695**

Amount of Each Receipt this Period 170.00

Memo Item

**B. Kelley, Dianne, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7320 N La Cholla Blvd.  
154-219

City Tucson State AZ Zip Code 85741-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 11 / 2023  
**Transaction ID : 17801696**

Amount of Each Receipt this Period 63.00

Memo Item

**C. Rogers, Malia, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2966

City Hayden State ID Zip Code 83835-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MediGap Pros LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 11 / 2023  
**Transaction ID : 17801697**

Amount of Each Receipt this Period 30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 263.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 31 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. May, Robert, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1416 East Main Suite A  
 City Puyallup State WA Zip Code 98372-3170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 17801715**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gertz, Josh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 S. Riverside Plaza Suite 900  
 City Chicago State IL Zip Code 60606-5975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 17801718**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Cunix, David, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6690 Beta Drive Suite 102  
 City Mayfield Village State OH Zip Code 44143-2359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cunix Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 12 / 2023  
**Transaction ID : 17801721**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 32 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

|  |             |                                       |   |  |  |
|--|-------------|---------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Brannon, William, J., ,</b> |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 12 / 2023<br><b>Transaction ID : 17801724</b>                                |  |  |
| Mailing Address 2 Terrace Way  |             |                                       | Amount of Each Receipt this Period<br>30.00   |  |  |
| City<br>Greensboro   | State<br>NC | Zip Code<br>27403-3669                | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |                                       | Aggregate Year-to-Date ▼<br>330.00  |  |  |
| Name of Employer (for Individual)<br>Group US, Inc.  |             | Occupation (for Individual)<br>Broker | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |             |                                       |   |  |  |
|--|-------------|---------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Roberts, Paul, H., BBA,</b> |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 12 / 2023<br><b>Transaction ID : 17801731</b>                                |  |  |
| Mailing Address 3712 3rd Avenue #4   |             |                                       | Amount of Each Receipt this Period<br>12.00   |  |  |
| City<br>San Diego  | State<br>CA | Zip Code<br>92103-4168                | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |                                       | Aggregate Year-to-Date ▼<br>277.00  |  |  |
| Name of Employer (for Individual)<br>Word & Brown General Agency   |             | Occupation (for Individual)<br>Broker | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |             |                                       |   |  |  |
|---|-------------|---------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Vipond, Elizabeth, T., CLU, CFP,</b> |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 12 / 2023<br><b>Transaction ID : 17801733</b>                              |  |  |
| Mailing Address 1209 Cumberland Av Unit 1903  |             |                                       | Amount of Each Receipt this Period<br>30.00   |  |  |
| City<br>Tampa   | State<br>FL | Zip Code<br>33602-4260                | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                       | Aggregate Year-to-Date ▼<br>330.00  |  |  |
| Name of Employer (for Individual)<br>The Senior Health Advisor  |             | Occupation (for Individual)<br>Broker | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 72.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 34 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Blakely, Russ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 246 E 11th Street  
Suite 302

City Chattanooga State TN Zip Code 37402-4269

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 17801768**

Amount of Each Receipt this Period 85.00

Memo Item

**B. Daugherty, Cathy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3071 Via Serena N.  
Unit A.

City Laguna Woods State CA Zip Code 92637-0416

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 17801769**

Amount of Each Receipt this Period 85.00

Memo Item

**C. Schiebel, Al, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Glenlake Parkway  
North Tower, Suite 1050

City Atlanta State GA Zip Code 30328-3495

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 645.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 17801770**

Amount of Each Receipt this Period 45.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Anderson, Corey, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11247 69th St NE Albertville  
 City Albertville State MN Zip Code 55301-4576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 13 / 2023  
**Transaction ID : 17801771**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Benkowski, Patricia, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4688 W Jennifer Ave Ste 103  
 City Fresno State CA Zip Code 93722-6418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802163**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lovich, Cathryn, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2355 Lee Elgin Road  
 City Woolwine State VA Zip Code 24185-3790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 763.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802164**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 36 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Smith, John, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 N Boulevard  
 City Anderson State SC Zip Code 29621-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHK & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802165**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Chornak, Shelley, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7251 Engle Rd. Suite 103  
 City Cleveland State OH Zip Code 44130-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802166**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Sutton, Trent, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2824 Poleline Rd.  
 City Pocatello State ID Zip Code 83201-6177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Real Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802167**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 37 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Matznick, Michael, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3207 Cottingham Ct  
 City Greensboro State NC Zip Code 27410-8362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802168**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Fearing, Meagan, Ray, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 N Wahsatch Ave  
 City Colorado Springs State CO Zip Code 80903-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Marketing Enterprises, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802169**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Renkar, Christopher, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10286 Staples Mill Road #128  
 City Glen Allen State VA Zip Code 23060-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Renkar Insurance Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 962.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17802172**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 126.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 38 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Johnson, David, S., LUTCF,RHU,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12138 Big Canoe  
 City Big Canoe State GA Zip Code 30143-5157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : 17802173**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Daidone, Grace, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 S. Virginia  
 City Reno State NV Zip Code 89502-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A and H Insurance, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : 17802175**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Hogeland, Charlene, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N Central Ave  
 Ninth Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2023  
**Transaction ID : 17802465**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 330.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 39 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Blevins, Andrea, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 E. 33rd Place  
 City Tulsa State OK Zip Code 74105-2501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Catalyst Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : 17802541**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Bellman, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9120 Branch Hollow Dr  
 City Dallas State TX Zip Code 75243-7510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : 17802542**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Easterling, Sy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2909 13th St 6th Floor  
 City Gulfport State MS Zip Code 39501-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BXS Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : 17802544**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Trokey, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S. Kirkwood Rd  
 Ste 201  
 City Saint Louis State MO Zip Code 63122-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1485.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802598**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kennedy, Tamara, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7310 N 16th Street  
 Suite 226  
 City Phoenix State AZ Zip Code 85020-8212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802601**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Owens, David, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hazelwood Lane  
 City Kinnelon State NJ Zip Code 07405-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E.B. Cohen Insurance & Risk Management Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802603**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 41 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Frankel, Teri, Frankel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21820 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367-6485

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802605**

Amount of Each Receipt this Period 30.00

Memo Item

**B. Munger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3312 W. Magistrate Loop

City Hayden State ID Zip Code 83835-5019

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802608**

Amount of Each Receipt this Period 85.00

Memo Item

**C. Banchy, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4233 Southtowne Drive

City Eau Claire State WI Zip Code 54701-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802609**

Amount of Each Receipt this Period 42.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Wilson, Lisa, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16211 N Brinson Suite 130  
 City Nampa State ID Zip Code 83687-5521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurers of Idaho Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 11 / 16 / 2023  
**Transaction ID : 17802611**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Douglas, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5721 Woodboro Dr  
 City Huntington Beach State CA Zip Code 92649-4949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802770**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Mason, Gerene, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 South River Road  
 City Saint George State UT Zip Code 84790-8285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Utah Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802771**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Ashford, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 S Frankfort Avenue  
 Suite 205  
 City Tulsa State OK Zip Code 74120-4247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vision Care Direct of Oklahoma Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802773**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Clark, Valerie, Jeanne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Hammill Ln  
 City Reno State NV Zip Code 89511-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clark and Associates of Nevada Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802774**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Wakamoto-Lee, Sue, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 E Date St  
 City Brea State CA Zip Code 92821-5402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Claremont Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802775**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 182.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Elam, Michael, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9000 Northpark Drive  
 City Johnston State IA Zip Code 50131-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delta Dental of Iowa Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802777**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Paulus, Raquel, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 W Front St Ste 201  
 City Traverse City State MI Zip Code 49684-2337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Highstreet Peterson McGregor Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802780**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Tompkins, Daniel, R., , JD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 Windward Concourse Suite 290  
 City Alpharetta State GA Zip Code 30005-2291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802783**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Balla, Donald, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 371 Steeplechase Drive  
 City Cranberry Twp State PA Zip Code 16066-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alera Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802784**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Law, Marv, , CLTC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45345 Carrie Ln  
 City La Quinta State CA Zip Code 92253-4291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthBridge Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802786**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hild, Donald, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2640 Willard Dairy Rd. Suite 122  
 City HIGH POINT State NC Zip Code 27265-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2023  
**Transaction ID : 17802787**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 46 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Anderson, Michael, , , REBC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3800 American Blvd W  
Suite 1500

City Minneapolis State MN Zip Code 55431-4429

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Anderson Benefit Partners Occupation (for Individual) Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2023

**Transaction ID : 17802918**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Maggiore, Joseph, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 911 First Colonial Rd.

City Virginia Beach State VA Zip Code 23454-3111

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Legacy Planning Alliance, Inc. Occupation (for Individual) Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2023

**Transaction ID : 17802923**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Singleton, Terry, , , REBC,CFP,C**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 195579

City Winter Springs State FL Zip Code 32719-5579

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Broker

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2023

**Transaction ID : 17802926**

Amount of Each Receipt this Period  
85.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 47 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Eckard, Brenda, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 North 25th Street  
 City Fort Dodge State IA Zip Code 50501-4338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 18 / 2023  
**Transaction ID : 17802928**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Walker, Beth, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1126 Lillo Court  
 City Boulder City State NV Zip Code 89005-3134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 18 / 2023  
**Transaction ID : 17802929**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hillenbrand, John, Ryan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14500 S. Outer 40 Road Ste 203  
 City Chesterfield State MO Zip Code 63017-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hillenbrand & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2023  
**Transaction ID : 17802965**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Riggs, Donald, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 14788  
 City Irvine State CA Zip Code 92623-4788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 19 / 2023**  
**Transaction ID : 17802967**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Kanter, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 Lombard St Ste B  
 City Thousand Oaks State CA Zip Code 91360-8219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Get Benefits Insurance Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt **11 / 19 / 2023**  
**Transaction ID : 17802968**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Bly, Perry, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 528 N Sycamore Ave Ste 2  
 City Sioux Falls State SD Zip Code 57110-5737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt **11 / 20 / 2023**  
**Transaction ID : 17802985**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 195.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 49 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Frizzell, Paula, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 Star Shoot Parkway  
 Suite 170-408  
 City Lexington State KY Zip Code 40509-4566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Frizzell and Associates, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1335.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802986**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Trogdon, Zachary, Lorange, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5090 N. Fruit Ave  
 City Fresno State CA Zip Code 93711-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sontro Insurance Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802987**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Skinner, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1277  
 City Bloomington State IN Zip Code 47402-1277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hoosier Dental Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802988**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 50 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Samuels, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8430 W Lake Mead #100  
 City Las Vegas State NV Zip Code 89128-7674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802989**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Cross, Danny, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48170 Hjorth St #93  
 City Indio State CA Zip Code 92201-7801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) D Cross Insurance Marketing Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802991**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Lilburn, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15831 Trackside Dr  
 City Odessa State FL Zip Code 33556-2904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alltrust Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802992**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 172.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 51 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Keneipp, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S Kirkwood Rd  
 Ste 201  
 City Saint Louis State MO Zip Code 63122-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2023  
**Transaction ID : 17802994**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mobley, Dennis, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 795 Woodlands Parkway  
 Suite 101  
 City Ridgeland State MS Zip Code 39157-5217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SouthGroup Benefits Consultants, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803098**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Enders, Shannon, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5797 Harvey St  
 Ste A  
 City Norton Shores State MI Zip Code 49444-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1148.50

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803103**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 209.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 52 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Moore, Adrian, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7936 Covey Chase Drive  
 City Charlotte State NC Zip Code 28210-7231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803105**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Hain, Erica, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Pheasant Run Road  
 100 North Academy Avenue  
 City Newtown State PA Zip Code 18940-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johnson Kendall Johnson Occupation (for Individual) Senior Director, Commercial Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803108**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Scott, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 Northwest Pkwy  
 City San Antonio State TX Zip Code 78249-3348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Healthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803110**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 172.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Hall, Dwight, , CHC, LUTCF,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6107 Hazelwood Ave.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Indianapolis | State<br>IN | Zip Code<br>46228-1316 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>D Hall & Associates | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 21    | / | 2023        |

**Transaction ID : 17803111**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Nigro, Samuel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13333 California St.

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68154-5237 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Gallagher | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1095.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 21    | / | 2023        |

**Transaction ID : 17803112**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Sterner, Heidi, J., PAHM, LPRT,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3402 Cinnamon Creek Ave

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>North Las Vegas | State<br>NV | Zip Code<br>89031-3520 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>LP Insurance | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
956.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 21    | / | 2023        |

**Transaction ID : 17803115**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Kidder, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 Newport Blvd  
 Ste 190  
 City Newport Beach State CA Zip Code 92663-3735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803116**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Harris, Deborah, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1236 122nd Ave  
 City Hopkins State MI Zip Code 49328-9623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brooks Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803117**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Trevino, Terrie, L., CHC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 Main Street  
 City Meridian State ID Zip Code 83642-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803118**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 84.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Washko, Carla, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7251 Engle Rd.  
 Suite 103  
 City Cleveland State OH Zip Code 44130-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803119**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Matznick, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3207 Cottingham Ct.  
 City Greensboro State NC Zip Code 27410-8362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Triune Technologies, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 21 / 2023  
**Transaction ID : 17803121**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Croft, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 706 Burks Hill Rd  
 City Bedford State VA Zip Code 24523-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Croft Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 17803252**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 56 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Bechtold, Annette, , REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 Stone Cliff Trce  
 City Cleveland State GA Zip Code 30528-5397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forte Consulting Atlanta Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 17803254**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Wild, Trei, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Five Cowboys Way Suite 300  
 City Frisco State TX Zip Code 75034-2074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Warner Pacific Insurance Services CBDO Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 17803255**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Bryant, Jolene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7317 W Montgomery Rd  
 City Lake Oswego State OR Zip Code 97035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 602.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 17803257**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 212.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Webb, Amy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 E. Main Street  
 Suite 200  
 City Moorestown State NJ Zip Code 08057-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saratoga Benefit Services, LLC. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 22 / 2023  
**Transaction ID : 17803258**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Baer, Farren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 New York Ave., NW  
 Suite 1100  
 City Washington State DC Zip Code 20005-3987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NABIP Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 22 / 2023  
**Transaction ID : 17803259**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Qualizza, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12877 W. 151st Street  
 City Olathe State KS Zip Code 66062-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associate Insurance Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 22 / 2023  
**Transaction ID : 17803260**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 85.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 58 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Hogeland, Charlene, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 N Central Ave  
 Ninth Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1960.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 17803263**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Ringer, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 12th Street  
 City Huntington Beach State CA Zip Code 92648-3412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ringer Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2023  
**Transaction ID : 17803264**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lordigyan, Craig, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Jenny Jump Road  
 City Blairstown State NJ Zip Code 07825-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lordigyan Insurance Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805000**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 59 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Siino, Thomas, , RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1126 Clifton Avenue  
 City Clifton State NJ Zip Code 07013-3622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Executive Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2023  
**Transaction ID : 17805005**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Coker, Kenneth, Wayne, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 351 W I St  
 City Benicia State CA Zip Code 94510-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CokerWayne & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2023  
**Transaction ID : 17805006**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Rauschert, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5797 Harvey Street Suite A  
 City Norton Shores State MI Zip Code 49444-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2023  
**Transaction ID : 17805008**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Braner, Jodie, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Six Concourse Parkway  
 Suite 2750  
 City Sandy Springs State GA Zip Code 30328-6243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805010**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Pendergraft, Ross, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16622 Calahan Street  
 City North Hills State CA Zip Code 91343-3602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 955.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805011**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Stewart, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18130 N 64th Dr W  
 City Glendale State AZ Zip Code 85308-1068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RS Assurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805012**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 61 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Berger, Stephanie, , LPRT, CHRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Flynn Rd  
 Suite 102  
 City Camarillo State CA Zip Code 93012-8741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Centered Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805014**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. McClaskey, Barbara, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1965 Pine Street  
 City Redding State CA Zip Code 96001-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805015**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Reeves, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Brownsboro Rd  
 City Louisville State KY Zip Code 40207-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805016**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 114.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 62 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Gadinas, Kathy, M., CLTC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16325 Boones Ferry Rd.  
 City Lake Oswego State OR Zip Code 97035-4290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia Benefit Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805018**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Bilhartz, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41865 Boardwalk Ste 108  
 City Palm Desert State CA Zip Code 92211-9031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 934.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805019**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Goodman, Robert, Hiram, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 7th Avenue South  
 City Birmingham State AL Zip Code 35233-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805021**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 177.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Fitzgerald, Robert, Mark, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 185 Fowler St  
 City Woodstock State GA Zip Code 30188-5023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1945.00

Date of Receipt 11 / 23 / 2023  
**Transaction ID : 17805022**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Kramer, Sherrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 614 E Ireland Rd  
 City South Bend State IN Zip Code 46614-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805084**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Bartholomew, Rhonda, , CHRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5099  
 City Twin Falls State ID Zip Code 83303-5099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805088**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 254.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 154  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Mackin, Martin, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5133 Harding Pike  
 Ste. B10 - 284  
 City Nashville State TN Zip Code 37205-2891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foresight Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805089**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**B. Clark, Jonathan, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 913 Baxter Drive  
 City South Jordan State UT Zip Code 84095-8687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Analysts, An Alera Grou Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805090**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Loy, Dana, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 660  
 City Scottsburg State IN Zip Code 47170-0660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heritage Insurance and Investments Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805094**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 65 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Tellesbo-Kembel, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Lake Bellevue  
 City Bellevue State WA Zip Code 98005-2479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tellesbo & Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805095**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**B. Barrera, Rolando, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 N Upper Broadway St Suite 102  
 City Corpus Christi State TX Zip Code 78401-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805096**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Cox, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4811 Gaillardia Parkway  
 City Oklahoma City State OK Zip Code 73142-1874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NFP Corporate Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805098**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 290.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 66 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Farrell, Jennifer, Liane, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 North Central Avenue  
 9th Floor  
 City Phoenix State AZ Zip Code 85012-1979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2710.00

Date of Receipt  
 11 / 24 / 2023  
**Transaction ID : 17805099**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Pittman, Joseph, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 24133  
 City Omaha State NE Zip Code 68124-0133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 11 / 24 / 2023  
**Transaction ID : 17805100**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Fugitt-Hetrick, Pamela, Leigh, LUTCF, PPC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Soquel Avenue  
 City Santa Cruz State CA Zip Code 95062-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DCD Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 24 / 2023  
**Transaction ID : 17805102**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 365.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Roberts, Danielle, Kunkle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2601 Meacham Blvd Ste 500  
 City Fort Worth State TX Zip Code 76137-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boomer Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2010.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805105**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. McConnaughey, John, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 805  
 City West Chester State OH Zip Code 45071-0805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JRM & Associates Agency, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 24 / 2023  
**Transaction ID : 17805106**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Address, Carolyn, Marie, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1959 Highway 34 2nd Floor  
 City Wall Township State NJ Zip Code 07719-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUB International Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805173**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 68 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Petersen, Benjamin, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 NW Lovejoy St  
Apt 725

City Portland State OR Zip Code 97209-2752

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1305.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805174**

Amount of Each Receipt this Period 85.00

Memo Item

**B. Davis, Paul, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17347 Napa St

City Sherwood Forest State CA Zip Code 91325-3441

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Paul Davis Insurance Services Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805176**

Amount of Each Receipt this Period 30.00

Memo Item

**C. Roth, Gregory, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 Morris Avenue  
Suite 303

City Springfield State NJ Zip Code 07081-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Roth Agency Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805179**

Amount of Each Receipt this Period 20.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 69 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Osborn, Jeffrey, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 S. Gilmer St.  
 P.O. Box 2077  
 City Cartersville State GA Zip Code 30120-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harry Daniel Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805182**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. McComb, Margaret, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21862 Seacrest Lane  
 City Huntington Beach State CA Zip Code 92646-8226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McComb Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805184**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Upchurch, Mitch, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 N Lafayette  
 City Muncie State IN Zip Code 47303-9272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Upchurch Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805185**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 70 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Flowers, Jeannette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Hickory St  
 City Liverpool State NY Zip Code 13088-4416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellNet Healthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805187**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Todd, Helen, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10800 Financial Centre Pkwy Ste 300  
 City Little Rock State AR Zip Code 72211-3588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805188**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Thal, Harry, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2137 11006 Kernville Rd #1  
 City KERNVILLE State CA Zip Code 93238-2137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harry P. Thal Insurance Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805189**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 71 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Lucas, William, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1089  
 City Richmond Hill State GA Zip Code 31324-1089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bill Lucas & Associates Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805190**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Spell, Richard, Blake, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6176 Centre Camp Ct.  
 City Greensboro State NC Zip Code 27455-8315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805191**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Todd, Richard, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Belle Meadow Lane  
 City Little Rock State AR Zip Code 72210-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805194**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Todd, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7011 Lucea Rd  
 City Little Rock State AR Zip Code 72210-4146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 25 / 2023  
**Transaction ID : 17805195**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Freridge, Thomas, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4664 South Blvd Suite 200B  
 City Virginia Beach State VA Zip Code 23452-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Choice Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805227**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hollister, Rachel, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 NW FEDERAL HWY STE 224  
 City STUART State FL Zip Code 34994-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805228**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 73 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Hollister, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 NW FEDERAL HWY SUITE 224  
 City Stuart State FL Zip Code 34994-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805229**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Ramirez, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 E Best Ave  
 City Coeur D Alene State ID Zip Code 83814-4868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dirks Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805230**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Tretter, Robert, C., CLU, ChFC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6222 Spring Lake Drive  
 City Hamilton State OH Zip Code 45011-8189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NABIP Occupation (for Individual) VP of Marketing & Recruitment  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805231**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 74 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Rivera, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13201 N.W. Fwy. Suite 265  
 City Houston State TX Zip Code 77040-6165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest General Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 11 / 26 / 2023  
**Transaction ID : 17805232**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Grant, Staci, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 Glendale Ave  
 City Livingston State NJ Zip Code 07039-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry O. Baker Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 26 / 2023  
**Transaction ID : 17805234**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Haff, Jenni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Lariat Drive  
 City San Antonio State TX Zip Code 78232-1004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insgroup San Antonio Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 26 / 2023  
**Transaction ID : 17805235**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 75 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Gilbert, Debra, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 Mustang Drive  
 Suite 200  
 City Grapevine State TX Zip Code 76051-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2023  
**Transaction ID : 17805236**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Cociu, Dorothy, M., RHU, REBC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6677  
 City Fullerton State CA Zip Code 92834-6677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2023  
**Transaction ID : 17805237**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Gutierrez, Antonio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12833 River Dance Dr.  
 City Raleigh State NC Zip Code 27613-7093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefitcare.com Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2023  
**Transaction ID : 17805238**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 76 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Mutter, Amy, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2670 Electric Road  
 City Roanoke State VA Zip Code 24018-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1665.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805241**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Schneider, Chad, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4470 Woodman Ave Apt 303  
 City Sherman Oaks State CA Zip Code 91423-5520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Origin Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805242**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Holloway, Ryan, K., CBC, SGS,P,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4325 Elm St Suite 200  
 City Dallas State TX Zip Code 75226-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holloway Benefit Concepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 26 / 2023  
**Transaction ID : 17805243**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 77 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

|   |             |                                       |   |  |  |
|---|-------------|---------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. MacDermid, Rick, , ,</b> |             |                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 26 / 2023<br><b>Transaction ID : 17805245</b>                            |  |  |
| Mailing Address 3611 River Rd<br>Suite 110  |             |                                       | Amount of Each Receipt this Period<br>90.00   |  |  |
| City<br>Yakima  | State<br>WA | Zip Code<br>98902-7350                | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                       | Aggregate Year-to-Date ▼<br>1127.00   |  |  |
| Name of Employer (for Individual)<br>Senior Solutions Group   |             | Occupation (for Individual)<br>Broker | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |             |                                       |   |  |  |
|---|-------------|---------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Franke, Gary, , MBA,</b> |             |                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 27 / 2023<br><b>Transaction ID : 17805274</b>                            |  |  |
| Mailing Address 1100 Bellevue Way NE<br>Suite 8A-545  |             |                                       | Amount of Each Receipt this Period<br>12.00   |  |  |
| City<br>Bellevue  | State<br>WA | Zip Code<br>98004-4280                | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                       | Aggregate Year-to-Date ▼<br>347.00  |  |  |
| Name of Employer (for Individual)<br>Achieve Alpha Insurance, LLC   |             | Occupation (for Individual)<br>Broker | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |             |                                       |   |  |  |
|---|-------------|---------------------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Yarn, Christopher, , ,</b> |             |                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>11 / 27 / 2023<br><b>Transaction ID : 17805276</b>                          |  |  |
| Mailing Address 306 Prairie Dune Way  |             |                                       | Amount of Each Receipt this Period<br>85.00   |  |  |
| City<br>Orlando   | State<br>FL | Zip Code<br>32828-8860                | <input type="checkbox"/> Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                       | Aggregate Year-to-Date ▼<br>1175.00   |  |  |
| Name of Employer (for Individual)<br>WalkOnClinic   |             | Occupation (for Individual)<br>Broker | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 187.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 78 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Brooks, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1024 N Elm Pl  
 City Broken Arrow State OK Zip Code 74012-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Flippo Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 17805278**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Brown, Carey, H., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Six Concourse Parkway Suite 2750  
 City Atlanta State GA Zip Code 30328-6243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 17805279**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Adam, Ashely, N., CEBS, GBA,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2717 N 118th Street Suite 300  
 City Omaha State NE Zip Code 68164-9684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 17805283**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 110.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 79 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Underhill, Elizabeth, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23161 Ventura Blvd  
 Ste 100  
 City Woodland Hills State CA Zip Code 91364-1186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Underhill Insurance Agency, a dba of F Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1185.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 17805284**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Harder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2241 E Skelly Drive  
 Suite 102  
 City Tulsa State OK Zip Code 74105-5941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spirit Financial Concepts, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 17805285**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Embry, Michael, A., RHU, REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49927 Schooner Ct  
 City Chesterfield State MI Zip Code 48047-4339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4640.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 17805286**  
 Amount of Each Receipt this Period 415.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 530.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 80 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Johnson, Suzanne, K., , RHU, CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1024 Southstone Drive

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Charlotte | State<br>NC | Zip Code<br>28210-3029 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Information Requested | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 27 / 2023      |

**Transaction ID : 17805287**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Schwartz, Matt, B., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 Breckenridge Lane

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Louisville | State<br>KY | Zip Code<br>40220-1462 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Schwartz Insurance Group | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 27 / 2023      |

**Transaction ID : 17805289**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Leavitt, Scott, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8620 W Emerald St  
Ste 130

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Boise | State<br>ID | Zip Code<br>83704-4826 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Gem State Financial Group | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 27 / 2023      |

**Transaction ID : 17805291**

Amount of Each Receipt this Period  
30.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 81 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Reddy, Michael, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 River Pointe Drive  
 City Elkhart State IN Zip Code 46514-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Keystone Ins. & Benefits Group, LLC Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 11 / 27 / 2023  
**Transaction ID : 17805292**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Tierney, Robert, J., HDHP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 N Main St Ste 200  
 City Meridian State ID Zip Code 83642-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 OneDigital Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2110.00

Date of Receipt  
 11 / 27 / 2023  
**Transaction ID : 17805294**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Hollister, Deborah, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 NW Federal Hwy Suite 224  
 City Stuart State FL Zip Code 34994-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Hollister Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt  
 11 / 27 / 2023  
**Transaction ID : 17805295**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 212.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Rice, Russell, Lee, , SGS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8830 Buckskin Dr  
 City Boerne State TX Zip Code 78006-5554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1945.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 17805297**  
 Amount of Each Receipt this Period  
 170.00  
 Memo Item

**B. Roy, Matthew, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Blue Ocean Benefits & Consulting L  
 1971 State Route 34  
 City Wall Township State NJ Zip Code 07719-9750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Ocean Benefits & Consulting, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 17805298**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**C. Jackson, Jerry, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 N. Maplewood Ave.  
 City Peoria State IL Zip Code 61606-1035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2023  
**Transaction ID : 17805299**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 297.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 83 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Riedl, Alycia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16570 Lake Ridge Dr  
 City Maple Grove State MN Zip Code 55311-1453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercer Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1095.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 17805302**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Parkin, Lars, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6143 S Willow Dr Suite 200  
 City Greenwood Village State CO Zip Code 80111-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 17805303**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Sheehan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 808 Beaver St  
 City Santa Rosa State CA Zip Code 95404-3731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norman Sheehan Insurance Agency LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805949**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 84 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Blasman, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5210 Lewis Road, Suite 14  
 City Agoura Hills State CA Zip Code 91301-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805951**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Collins, Martha, T., RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 N. Mountain Avenue Suite 208  
 City Upland State CA Zip Code 91786-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Martin & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805952**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Ambro, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11704 Lackland Industrial Drive  
 City Saint Louis State MO Zip Code 63146-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805953**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 85 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. West, Kimberly, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3581 Woodland Dr  
 City Highland State MI Zip Code 48356-2366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kim West Insurance Benefits LTD Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805954**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Burett, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Broad Street 35th Floor  
 City New York State NY Zip Code 10004-2952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brio Benefit Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805955**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Altman, Lauren, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 755 Teaberry St  
 City Encinitas State CA Zip Code 92024-3353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805956**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 86 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Blackford, Stephen, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11481 Old St. Augustine Rd.  
 City Jacksonville State FL Zip Code 32258-1473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Blackford Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805957**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Patton, Rhonda, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 751180  
 City Petaluma State CA Zip Code 94975-1180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Patton & Spahr Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805958**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Norman, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1231 East Beltline NE MC1335  
 City Grand Rapids State MI Zip Code 49525-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PriorityHealth Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805961**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 123.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 87 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Mitchell, Sheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3350 Riverwood Pkwy  
 City Atlanta State GA Zip Code 30339-6401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 17805965**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bear, Dale, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2027 Scott Station Rd  
 City Jefferson City State MO Zip Code 65109-8425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 17805971**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Lubenow, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Alden Street Suite 8  
 City Cranford State NJ Zip Code 07016-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 17805972**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 173.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 88 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Kowalczyk-Gonzalez, CarrieAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6568 S Federal Way #213  
 City Boise State ID Zip Code 83716-9277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Personal Touch Ins & Benefits, LLC Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 17805973**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Bratteli, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5380 Old Bullard Road  
 City Tyler State TX Zip Code 75703-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Bratteli Benefit Consulting, LLC Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 17805976**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Scopp, Kenneth, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 Montana Avenue #906  
 City Santa Monica State CA Zip Code 90403-1652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 First Financial Resources Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 17805978**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 140.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 89 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Wright, Dennis, E., RHU, CSFP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Chestnut Hills Pky  
 City Fort Wayne State IN Zip Code 46814-8934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Plans, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805979**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Kapostins, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3843 Rock Hill Loop  
 City Apopka State FL Zip Code 32712-4792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kapsher Consulting, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805980**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Johnson, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 252 Apacheria Pass W  
 City Comfort State TX Zip Code 78013-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SJ Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805981**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 90 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Powelson, Janet, , ChHC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3697 MT. DIABLO BLVD.  
 City Lafayette State CA Zip Code 94549-3745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epic Insurance Brokers Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805982**  
 Amount of Each Receipt this Period 24.00  
 Memo Item

**B. Gant, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 North Weinbach Avenue  
 City Evansville State IN Zip Code 47711-6006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Schultheis Life & Health Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805984**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Stubbs, Guy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 337  
 City Jerome State ID Zip Code 83338-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hall and Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805985**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 108.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 154  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Cagliola, Victoria, , CPA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1041 Old Cassatt Rd  
 City Berwyn State PA Zip Code 19312-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805986**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Lubenow, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 West Main Street Suite 101  
 City Moorestown State NJ Zip Code 08057-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805987**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Morrison, James, M., RHU,REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2710 Gateway Rd  
 City Carlsbad State CA Zip Code 92009-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morrison Insurance Services, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805989**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 92 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Burns, Patrick, , CEBS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5653 Maxwellton Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Oakland | State<br>CA | Zip Code<br>94618-2654 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>Burns Employee Benefits Insurance Serv | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2120.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2023        |

**Transaction ID : 17805991**

Amount of Each Receipt this Period  
170.00

Memo Item

**B. Tower, Kimberly, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 E ParkCenter Blvd

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Boise | State<br>ID | Zip Code<br>83706-6502 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                                       |
|---|---------------------------------------|
| Name of Employer (for Individual)<br>PacificSource Health Plans | Occupation (for Individual)<br>Broker |
|---|---------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2023        |

**Transaction ID : 17805994**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Malvich, Marlayna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4125 Cass Elizabeth Rd

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Waterford | State<br>MI | Zip Code<br>48328-4206 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer (for Individual)<br>Information Requested | Occupation (for Individual)<br>Broker |
|--|---------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2023        |

**Transaction ID : 17805995**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 230.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 93 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Coley, Maggie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Olde Gate Court  
 City Pooler State GA Zip Code 31322-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805996**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Lardiere, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Dyckman Place  
 City Basking Ridge State NJ Zip Code 07920-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17805997**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Good, Gaylan, Lester, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3023 N. Ruffy's Way  
 City Bloomington State IN Zip Code 47404-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) L&C Marketing, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806003**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 102.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 94 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Freeman, Patrick, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 625 Oak Street  
 City Laguna Beach State CA Zip Code 92651-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 17806004**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Wilson, Thomas, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Lamar  
 City Wichita Falls State TX Zip Code 76301-6824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keystone/Boley Featherston Insurance A Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 17806005**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Selinsky, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28638 Oak Point Drive  
 City Farmington Hills State MI Zip Code 48331-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Zenith American Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2023  
**Transaction ID : 17806006**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 95 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Benton, Marcia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1718 S Spring Valley Ln  
 City Meridian State ID Zip Code 83642-9258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Craig Howard Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 17806007**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Evangelista, John, David, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Las Flores  
 City Aliso Viejo State CA Zip Code 92656-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Colonial Life Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 17806008**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Penson Block, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1809  
 City Candler State NC Zip Code 28715-1809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Insurance Specialties, Inc. Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 28 / 2023  
**Transaction ID : 17806009**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 62.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 96 OF 154               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Hartman, William, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Airport North Office Park  
 City Fort Wayne State IN Zip Code 46825-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806010**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Bravo, Gilbert, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8340 N. Thornydale Rd. Suite 110-335  
 City Tucson State AZ Zip Code 85741-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806011**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Stocks, Deborah, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 LAKE LOREINE LN  
 City Henrico State VA Zip Code 23233-2523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OneDigital Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806012**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 97 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Smith, David, C., REBC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 N. Corcoran St. #1205  
 City Durham State NC Zip Code 27701-5020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806013**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Chavez, Chandler, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2355 E. Camelback Road Suite 503  
 City Phoenix State AZ Zip Code 85016-9039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Principal Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806014**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Membership Form

**C. Ruffin, Helena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5700 Timber Ln  
 City Charlotte State NC Zip Code 28270-5270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ruffin Insurance Solutions, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806018**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 365.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 98 OF 154  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Barrett, William, J., CLU, ChFC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Keswick Commons  
 City New Albany State OH Zip Code 43054-8231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aetna Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806020**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Harrington, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6817 K Ave Ste 104  
 City Plano State TX Zip Code 75074-2544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harrington Insurance Solutions, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806021**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Rojas, Pedro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1545 E Iron Eagle Dr Ste 101  
 City Eagle State ID Zip Code 83616-7079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mountain Health CO-OP Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806022**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 99 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Kinley, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2417 Cimarrone Blvd  
 City Saint Johns State FL Zip Code 32259-2184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthEquity Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2023  
**Transaction ID : 17806026**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bennett, Andrea, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1300  
 City Cortez State FL Zip Code 34215-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AM Bennett & Co Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : 17806788**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. Cleaveland, Shelby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16717 49th Pl N  
 City Plymouth State MN Zip Code 55446-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 96.00

Date of Receipt 11 / 14 / 2023  
**Transaction ID : 17811567**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totalling \$24.00 This changes the YTD Total to \$96.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 310.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 100 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. James, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 SW Century Drive  
 PMB 405-361  
 City Bend State OR Zip Code 97702-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Full Circle Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 108.00

Date of Receipt 11 / 27 / 2023  
**Transaction ID : 17811568**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$24.00 This changes the YTD Total to \$108.00

**B. Villagran, Denise, S., MBA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 S Carancahua St  
 Ste 301  
 City Corpus Christi State TX Zip Code 78401-3042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433061233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Schreder, Lynn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5501 NW 86th Street  
 Suite 700  
 City Johnston State IA Zip Code 50131-1820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433076133034**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 130.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 101 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Rubio, Hilario, Francisco, ,</b>       |                                       | Date of Receipt<br>MM / DD / YYYY<br>11 / 30 / 2023<br><b>Transaction ID : PR433085733034</b> |
| Mailing Address 807 Grand Ave   |                                       | Amount of Each Receipt this Period<br>42.00   |
| City<br>Las Vegas   | State<br>NM                           | Zip Code<br>87701-4518  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | <input type="checkbox"/> Memo Item  |
| Name of Employer (for Individual)<br>Rubio Financial, LLC   | Occupation (for Individual)<br>Broker | P/R Deduction (\$42.00 Weekly)  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1087.00   |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Adams, Carla, , CBC, GBA,,</b>         |                                       | Date of Receipt<br>MM / DD / YYYY<br>11 / 30 / 2023<br><b>Transaction ID : PR433095033034</b> |
| Mailing Address 210 Bridget Dr  |                                       | Amount of Each Receipt this Period<br>63.00   |
| City<br>Marble Falls  | State<br>TX                           | Zip Code<br>78654-4127  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | <input type="checkbox"/> Memo Item  |
| Name of Employer (for Individual)<br>Isolved  | Occupation (for Individual)<br>Broker | P/R Deduction (\$63.00 Weekly)  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>651.00    |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Deacon, Joseph, H., ,</b>            |                                       | Date of Receipt<br>MM / DD / YYYY<br>11 / 30 / 2023<br><b>Transaction ID : PR433129333034</b> |
| Mailing Address 221 1/2 Hale St   |                                       | Amount of Each Receipt this Period<br>30.00   |
| City<br>Charleston  | State<br>WV                           | Zip Code<br>25301-2207  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | <input type="checkbox"/> Memo Item  |
| Name of Employer (for Individual)<br>Deacon & Deacon Insurance & Benefits C   | Occupation (for Individual)<br>Broker | P/R Deduction (\$30.00 Weekly)  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>330.00    |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 102 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Sweaney, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13231 Champion Forest Dr.  
 City Houston State TX Zip Code 77069-2600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Business Health Strategies, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433151833034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**B. McFerrin, Dwane, C., CLU, CFP,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road Suite 510  
 City Omaha State NE Zip Code 68114-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433168133034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**C. Meason, Toby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 S. Polk Suite 600  
 City Amarillo State TX Zip Code 79101-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSURICA Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433183133034**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 147.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 103 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Christense, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3013 Sonora Canyon Rd  
 City Weatherford State TX Zip Code 76087-8215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Senior Services of Texas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433187733034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Dorman, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 N Casaloma Dr Suite 411  
 City Appleton State WI Zip Code 54913-8219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medicare Masters, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433197433034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Long, Scott, W., , CLCS, SGS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1715 Greenway Village Dr  
 City Katy State TX Zip Code 77494-2175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cornerstone Preferred Reasources Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433206833034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 104 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Brittain, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 N. Mill  
 City Pryor State OK Zip Code 74361-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR433214333034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Gerken, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 Monroe Street Suite A  
 City Sylvania State OH Zip Code 43560-2538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR433268333034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**C. Shooshanian, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39500 High Pointe Blvd Ste 400  
 City Novi State MI Zip Code 48375-5517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR433298733034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 105 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Vetter, Leah, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10050 Regency Circle Suite 300  
 City Omaha State NE Zip Code 68114-3721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthur J. Gallagher Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433302733034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Lovincey, Rebecca, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16100 NW Cornell Rd #140  
 City Beaverton State OR Zip Code 97006-7361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Price Financial Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433347133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Ornellas, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 W. Court St.  
 City Woodland State CA Zip Code 95695-3080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 542.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433463233034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 106 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Coogan, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 North Bedford Road  
 Suite 100  
 City Mount Kisco State NY Zip Code 10549-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433548033034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**B. Golden, Johnna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Centerpoint Dr., Ste 940  
 City Anchorage State AK Zip Code 99503-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433692833034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Butler, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 Civic Circle Suite 200  
 City Amarillo State TX Zip Code 79109-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Butler Benefits & Consulting, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433694533034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 107 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Schneider, JoEllen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1818 W. State Street  
 City Boise State ID Zip Code 83702-3955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JS & BK Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR433791833034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**B. Skinner, Roger, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5518 Hammock Glen Drive  
 City Indianapolis State IN Zip Code 46235-9779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AFLAC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.50

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436789433034**  
 Amount of Each Receipt this Period 30.50  
 Memo Item  
 P/R Deduction (\$30.50 Weekly)

**C. Van Zant, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7136 S. Yale Ave. #30031  
 City Tulsa State OK Zip Code 74136-6373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436801933034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 108 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Trautwein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 999 E Street NW  
 City Washington State DC Zip Code 20004-2032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NABIP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436821433034**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Weekly)

**B. Smith, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19925 80th PI W  
 City Edmonds State WA Zip Code 98026-6407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) P Smith Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436829333034**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

**C. Ashmore, Elizabeth, , CBC, SGS,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6102 82nd St  
 City Lubbock State TX Zip Code 79424-0802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436830333034**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 360.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 109 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Grundman, Robert, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7412 Karl Drive  
 City Lincoln State NE Zip Code 68516-4368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Benefit Strategies Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436838933034**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

**B. Wright, Keith, L., ChHC,CLU,R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 S Garfield Suite 3  
 City Traverse City State MI Zip Code 49686-3456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436848533034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**C. Trebing, Louanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Patton Drive  
 City Garland State TX Zip Code 75042-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436856933034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 122.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 110 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Freeman, Michael, J., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2333 Camino Del Rio South  
 Suite 200  
 City San Diego State CA Zip Code 92108-3600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Countywide Health Ins. Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436861833034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Hesseltine, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7272 Wurzbach Road  
 City San Antonio State TX Zip Code 78240-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABC / Associated Benefit Consultants, Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436864933034**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

**C. Wilson, Paula, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31930 Daniel Way  
 City Temecula State CA Zip Code 92591-2129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436873533034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 111 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Trahin, Cindy, K., RHU, CSA,

Mailing Address 7127 Homestead Road  
Suite B

City Fort Wayne    State IN    Zip Code 46814-4601

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Trahin Insurance Services LLC    Occupation (for Individual) Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
11 / 30 / 2023  
**Transaction ID : PR436875633034**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Stuart, Rodney, , ,

Mailing Address 484 E Carmel Dr  
Suite 358

City Carmel    State IN    Zip Code 46032-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Strategic Insurance Inc.    Occupation (for Individual) Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  
11 / 30 / 2023  
**Transaction ID : PR436883333034**

Amount of Each Receipt this Period  
50.00

Memo Item

P/R Deduction (\$50.00 Weekly)

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Janway, Leah-Anne, , ,

Mailing Address 2225 SW 96

City Oklahoma City    State OK    Zip Code 73159-6861

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self    Occupation (for Individual) Broker

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
11 / 30 / 2023  
**Transaction ID : PR436901533034**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 130.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 112 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Booth, Tonya, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 2542  
 432 Halifax Drive  
 City Coppel State TX Zip Code 75019-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR436911033034**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Weekly)

**B. Shaffer, Annette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 South Main Street  
 City Findlay State OH Zip Code 45840-3273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Group Benefit Consultants Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR436917233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Kaczmarek, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 N. Chestnut St.  
 Ste. 202  
 City Ravenna State OH Zip Code 44266-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR436923433034**  
 Amount of Each Receipt this Period 31.00  
 Memo Item  
 P/R Deduction (\$31.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 161.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 154  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Seifert, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 NE 115th St.  
 City Vancouver State WA Zip Code 98686-3945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436941633034**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

**B. Woods, John, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Market Street Suite 110  
 City Warren State OH Zip Code 44483-6625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436950033034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Holland, Robert, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 698  
 City Centralia State WA Zip Code 98531-0698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CGA Bob Holland Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436961733034**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 143.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 114 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Parker, John, C., RHU, LTCP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hope St  
 Unit 1312  
 City Niantic State CT Zip Code 06357-2454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436986833034**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Weekly)

**B. Splawn, William, Craig, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Avenue C  
 City Katy State TX Zip Code 77493-2302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436992833034**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

**C. Phillips, Paige, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1434 Hwy 301  
 City Calera State AL Zip Code 35040-5466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paige Phillips Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR436993033034**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 115 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Fristoe, Kelly, Don, LUTCF, SGS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 4789  
 City Wichita Falls State TX Zip Code 76308-0789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR437002333034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Thorn, Ryan, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10342 South Springcrest Lane  
 City South Jordan State UT Zip Code 84095-4538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR437004033034**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Weekly)

**C. Buie, Scott, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4525 S 2300 E Ste 201  
 City Salt Lake City State UT Zip Code 84117-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buie Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR437010533034**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 117 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Blizman, Donna, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1939 Racimo Dr  
 City Sarasota State FL Zip Code 34240-9426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee Benefits Marketing Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR437031533034**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Hayes, Leesa, Kay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 Lyndon Lane Suite 101  
 City Louisville State KY Zip Code 40222-3844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BIM Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR437043333034**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Ameling, Mary, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1202 Wood Lily Circle  
 City Leland State NC Zip Code 28451-7686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : PR437057733034**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 118 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Olson, Theresa, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 21479  
 City Keizer State OR Zip Code 97307-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR43707233034**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 P/R Deduction (\$65.00 Weekly)

**B. Alberts, Suzetta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26555 Evergreen Rd Ste 535  
 City Southfield State MI Zip Code 48076-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1049.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437076133034**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$84.00 Weekly)

**C. Smith, Kevin, W., CLU, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 674103  
 City Marietta State GA Zip Code 30006-0069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KSA Insurance Agency, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437077233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 179.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 119 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Koehler, Linda, , LPRT CIP C,**  
Mailing Address 2 Treeble Ct

|   |             |   |
|---|-------------|---|
| City<br>Greensboro  | State<br>NC | Zip Code<br>27406-5375                    |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |             |   |
| Name of Employer (for Individual)<br>Koehler Insurance Agency   |             | Occupation (for Individual)<br>Broker     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><b>380.00</b> |

Date of Receipt  
**11 / 30 / 2023**  
**Transaction ID : PR437090133034**

Amount of Each Receipt this Period  
**30.00**

Memo Item

P/R Deduction (\$30.00 Weekly)

**B. Stephens, James, R., ,**  
Mailing Address 3350 Riverwood Parkway Suite 1900

|   |             |   |
|---|-------------|---|
| City<br>Atlanta   | State<br>GA | Zip Code<br>30339-2066                    |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |             |   |
| Name of Employer (for Individual)<br>BenefitMall  |             | Occupation (for Individual)<br>Broker     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><b>330.00</b> |

Date of Receipt  
**11 / 30 / 2023**  
**Transaction ID : PR437110733034**

Amount of Each Receipt this Period  
**30.00**

Memo Item

P/R Deduction (\$30.00 Weekly)

**C. McEville, Brian, J., RHU,**  
Mailing Address 7260 West Azure Drive #140-201

|   |             |   |
|---|-------------|---|
| City<br>Las Vegas   | State<br>NV | Zip Code<br>89130-7999                    |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |             |   |
| Name of Employer (for Individual)<br>McEville Benefits  |             | Occupation (for Individual)<br>Broker     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br><b>462.00</b> |

Date of Receipt  
**11 / 30 / 2023**  
**Transaction ID : PR437117733034**

Amount of Each Receipt this Period  
**42.00**

Memo Item

P/R Deduction (\$42.00 Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>102.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 120 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Benton, Bruce, D., , RHU, REBC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20058 Ventura Blvd #10  
 City Woodland Hills State CA Zip Code 91364-2637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437123033034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Antongiovanni, Joanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1826 N. Loop 1604 W Suite 375  
 City San Antonio State TX Zip Code 78248-4535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Higginbotham Ins Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437128033034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Allard, Terry, , CEBS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 A Street  
 City Anchorage State AK Zip Code 99503-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437182333034**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$150.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 265.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 121 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Debler, Johnnie, O., RHU, ChHC,,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 E. Laurel St.  
 City Rockport State TX Zip Code 78382-2815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GSM Insurors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437196433034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Bunkers, Scott, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 Magnolia Bay Ct  
 City Maitland State FL Zip Code 32751-6472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fringe Benefit Plans, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437196733034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Nace, Joshua, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Madison Avenue Suite 270  
 City Toledo State OH Zip Code 43604-1568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paramount Health & Dental Plans Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437203333034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 122 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Garbina, James, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14010 FNB Pkwy Ste 300  
 City Omaha State NE Zip Code 68154-5235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group, LLC dba FNIC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437212233034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Cooper, Catherine, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17232 Brookview Dr.  
 City Livonia State MI Zip Code 48152-4543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437218333034**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$200.00 Weekly)

**C. Daubert, James, F., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 67220  
 City Lincoln State NE Zip Code 68506-7220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Concord Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437219633034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 370.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 123 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Semple, Theresa, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Deerfield Rd  
 City Sayreville State NJ Zip Code 08872-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Semple Solutions LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437223633034**  
 Amount of Each Receipt this Period 27.00  
 Memo Item  
 P/R Deduction (\$12.00 Weekly)

**B. Musser, Rita, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3330 Thames Drive  
 City Fort Wayne State IN Zip Code 46815-5994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437229133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Gardner, Joy, K., LUTCF,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10605 Sterling Ridge Way  
 City Reno State NV Zip Code 89521-5199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comstock Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437231233034**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 107.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 124 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Rowe, Peter, L., CLU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7878 N. 16th Street  
 Suite 130-22  
 City Phoenix State AZ Zip Code 85020-4463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arcwood Benefits Consulting, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4690.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437236933034**  
 Amount of Each Receipt this Period 415.00  
 Memo Item  
 P/R Deduction (\$415.00 Weekly)

**B. Barton, Diane, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 E Britton Rd  
 City Oklahoma City State OK Zip Code 73114-7710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gallagher Benefit Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437254133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Merken, Monte, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24577 Indian Hill Lane  
 City West Hills State CA Zip Code 91307-3829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merken Insurance, Petersen Internation Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437256133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 475.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 125 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. McLane, Mark, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 Veterans Drive  
 City Traverse City State MI Zip Code 49684-4574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mark McLane Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR43725833034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Powers-Booth, Sandra, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4817 S. 175th Street  
 City Seatac State WA Zip Code 98188-3710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR43726433034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**C. Hardy, Allen, D., , LUTCF**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 Kosciusko Road P.O. Box 89  
 City Philadelphia State MS Zip Code 39350-3555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Philadelphia Security Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437264933034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 126 OF 154 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Harte, Heather, Roberts, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11365 Avant Lane  
 City Cincinnati State OH Zip Code 45249-2373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pinnacle Health & Benefits Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437268333034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Toups, Jennifer, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address #1 Galleria Blvd  
 City Metairie State LA Zip Code 70001-2082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437270533034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**C. Hissong, James, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8401 Widmer Rd  
 City Lenexa State KS Zip Code 66215-5416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437274733034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 127 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Summers, James, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8420 West Dodge Road  
 City Omaha State NE Zip Code 68114-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Market Sales, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437281033034**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Weekly)

**B. Grossnickle, Jeff, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1405 North College Avenue  
 City Bloomington State IN Zip Code 47404-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Insurance Group Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437294733034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Sullivan, TJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 Front St SE Suite 100  
 City Salem State OR Zip Code 97301-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huggins Insurance Services, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437310533034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 185.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 128 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Bell, Marie, D., FLMI,AIAA,

Mailing Address PO Box 1853

City Minnetonka State MN Zip Code 55345-0853

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR43732333034**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Weekly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Stiffler, Patricia, , ,

Mailing Address 155 N. Riverview Dr Suite 100

City Anaheim State CA Zip Code 92808-1225

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437326133034**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Weekly)

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Martin, Patricia, A., ,

Mailing Address 13815 Starhill Ct.

City Houston State TX Zip Code 77077-1117

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Information Requested Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437329733034**

Amount of Each Receipt this Period 20.00

Memo Item

P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 190.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 129 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Duvernay, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Millikens Bend  
 City Covington State LA Zip Code 70433-4581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Benefitsone, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437344533034**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

**B. Bajkowski, Catherine, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 Industrial Drive  
 City Elmhurst State IL Zip Code 60126-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437361133034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**C. Thomas, Jeffery, C., CLU,RHU,RE,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3072 Arborwood Blvd.  
 City Spring Arbor State MI Zip Code 49283-9663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : PR437385433034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 109.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 130 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Bogard, Andrea, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4598 Harrier Court  
 City Jeffersonville State IN Zip Code 47130-4486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A. Bogard Insurance Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437400033034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Cramer, Valerie, Lynn, RHU,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 Burgen Ct. NE  
 City Grand Rapids State MI Zip Code 49525-3979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthBridge Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437416433034**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Weekly)

**C. Gandy, Hollie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 W Interstate 40 Ste 101  
 City Amarillo State TX Zip Code 79106-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Safe Money Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437425033034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 131 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Carlson, Daryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Derby Drive  
 City Nicholasville State KY Zip Code 40356-9493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGriff Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437442133034**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Weekly)

**B. Mutter, Amy, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2670 Electric Road  
 City Roanoke State VA Zip Code 24018-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437454933034**  
 Amount of Each Receipt this Period 63.00  
 Memo Item  
 P/R Deduction (\$63.00 Weekly)

**C. Powers, Jason, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30724 Explorers Trl  
 City De Soto State KS Zip Code 66018-8407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Legacy Brokers, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437467133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 108.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 132 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Creasy, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 220  
 City Heber Springs State AR Zip Code 72543-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437474933034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Fiala, Colby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St Ste 100  
 City Twin Falls State ID Zip Code 83301-4641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magic Valley Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437475133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Blevins, Andrea, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 E. 33rd Place  
 City Tulsa State OK Zip Code 74105-2501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Catalyst Benefits Group, LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437486933034**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Weekly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 133 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Miller, Dawn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 847  
 City McMinnville State OR Zip Code 97128-0847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hagan Hamilton Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437488833034**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

**B. Sterner, Heidi, J., PAHM, LPRT,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3402 Cinnamon Creek Ave  
 City North Las Vegas State NV Zip Code 89031-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LP Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 998.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437516833034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**C. Stedt, Margaret, Evelyn, C.S.A., LP,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 486 Calle Amigo  
 City San Clemente State CA Zip Code 92673-3003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437529933034**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 167.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 134 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Giardina, Charles, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5440 Mounes Street  
 City New Orleans State LA Zip Code 70123-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1397.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437562833034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**B. Yarling, Ky, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 521  
 City Hanover State IN Zip Code 47243-0521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life & Accident Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437567433034**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Weekly)

**C. Robinson, Judith, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 10071  
 City Tyler State TX Zip Code 75711-0071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437594133034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 152.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 135 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

|   |  |                                       |   |
|---|--|---------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Starks, Eugene, , ,</b>                |  |                                       | Date of Receipt   |
| Mailing Address 1022 Highland Colony Parkway Suite 202  |  |                                       | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2023"/> |
| City<br>Ridgeland   | State<br>MS  | Zip Code<br>39157-2086                | <b>Transaction ID : PR437603133034</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |  |                                       | Amount of Each Receipt this Period<br><input type="text" value="85.00"/>                              |
| Name of Employer (for Individual)<br>Benefit Administration Services, Ltd.  |  | Occupation (for Individual)<br>Broker | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="1510.00"/> |                                       | P/R Deduction (\$85.00 Weekly)  |

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Williams, George, , ,</b>              |   |                                       | Date of Receipt   |
| Mailing Address 4109 Woodway Dr.  |   |                                       | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2023"/> |
| City<br>Monroe  | State<br>LA   | Zip Code<br>71201-2218                | <b>Transaction ID : PR437605733034</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   |                                       | Amount of Each Receipt this Period<br><input type="text" value="30.00"/>                              |
| Name of Employer (for Individual)<br>Financial Planning Resources   |   | Occupation (for Individual)<br>Broker | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="330.00"/> |                                       | P/R Deduction (\$30.00 Weekly)  |

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Siciliano, Dominic, , ,</b>          |   |                                       | Date of Receipt   |
| Mailing Address 500 Cascade Road SE Suite 106   |   |                                       | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2023"/> |
| City<br>Grand Rapids  | State<br>MI   | Zip Code<br>49546-2166                | <b>Transaction ID : PR437669533034</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                  |   |                                       | Amount of Each Receipt this Period<br><input type="text" value="30.00"/>                              |
| Name of Employer (for Individual)<br>Benefit Profiles Inc.  |   | Occupation (for Individual)<br>Broker | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br><input type="text" value="330.00"/> |                                       | P/R Deduction (\$30.00 Weekly)  |

|   |                                     |
|---|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <input type="text" value="145.00"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <input type="text"/>                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 136 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Ledgerwood, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12022 FOREST MOON DR  
 City CYPRESS State TX Zip Code 77433-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Health Plans of Texas Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437671933034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

**B. Protsman, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7391 Hodgson Memorial Drive Suite 100  
 City Savannah State GA Zip Code 31406-2565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437675233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Strouse, Marcie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9854 Colby Ave  
 City Clive State IA Zip Code 50325-6422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1085.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437683133034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 157.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 137 OF 154              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Atkinson, Elizabeth, , HIA,MBA,SC,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2336 Cantle Lane SW  
 City Roanoke State VA Zip Code 24018-6104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lynn Atkinson Independent Agent Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR437687333034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Granado, Arturo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 418 Peoples  
 City Corpus Christi State TX Zip Code 78401-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR437693233034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**C. Melgoza, Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9114 Adams Avenue Ste 191  
 City Huntington Beach State CA Zip Code 92646-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR437701133034**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 175.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 138 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Webb, Yolanda, Marie, CHR**,  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6117 Clover Ct.  
 City Chino State CA Zip Code 91710-5337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1185.00**

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR437705633034**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Berry, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 69th St.  
 City Lubbock State TX Zip Code 79424-1645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR437737433034**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 P/R Deduction (\$50.00 Weekly)

**C. Williams, Leslie, A., CHR**,  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2295 Hilltop Drive Suite 5  
 City Redding State CA Zip Code 96002-0515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **462.00**

Date of Receipt **11 / 30 / 2023**  
**Transaction ID : PR437742933034**  
 Amount of Each Receipt this Period **42.00**  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>177.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 139 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Edwards, Susan, Christensen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 S. Roop St  
PO Box 1478

City Susanville State CA Zip Code 96130-4336

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR43775533034**

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Weekly)

**B. Johnson, John, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8414 N. Wall Street  
Ste C

City Spokane State WA Zip Code 99208-6161

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IFS Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 693.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR43775833034**

Amount of Each Receipt this Period 63.00

Memo Item

P/R Deduction (\$63.00 Weekly)

**C. Cade, Kareim, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 N Main St  
Suite 105

City Royal Oak State MI Zip Code 48067-1815

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR43778633034**

Amount of Each Receipt this Period 85.00

Memo Item

P/R Deduction (\$85.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 198.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 140 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Heider, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fillmore St  
 City Twin Falls State ID Zip Code 83301-4397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magic Valley Ins. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437792233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Purcilly, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3155 W Big Beaver Rd Ste 125  
 City Troy State MI Zip Code 48084-3007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mason-McBride, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437814933034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Little, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1145 2nd Street #A-269  
 City Brentwood State CA Zip Code 94513-2292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437855633034**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 P/R Deduction (\$38.00 Weekly)

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 98.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 141 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. James, Leslie, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6902 Pearl Road  
 Suite 405  
 City Cleveland State OH Zip Code 44130-3621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Insurance Strategy Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437860033034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Emidy, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 2021  
 City Ridgeland State MS Zip Code 39158-2021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR437878333034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. May, Charles, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9848 Portage Rd  
 City Portage State MI Zip Code 49002-7259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miller Schuring Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR450868633034**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 142 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Waltman, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1829 Reistertown Road  
 Suite 100  
 City Pikesville State MD Zip Code 21208-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Forward Health Consulting Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR470100133034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Riley, Amanda, Danielle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13712 Big Sky Dr E  
 City Bonney Lake State WA Zip Code 98391-5520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthEquity, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR476686833034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Petersen, Benjamin, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 NW Lovejoy St  
 Apt 725  
 City Portland State OR Zip Code 97209-2752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1390.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR492528833034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 154  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Stevens, Ken, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4916 Bellemeade Ave  
 City Evansville State IN Zip Code 47715-4130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR496323833034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Bravo, Denisse, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8340 N Thornydale Road Suite 110-335  
 City Tucson State AZ Zip Code 85741-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR497996233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Wayt, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 747 Winslow Ave  
 City Saint Paul State MN Zip Code 55107-3349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR528187233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 144 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Ybarra, Valeria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 Vanessa Dr  
 City Corpus Christi State TX Zip Code 78414-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR528424133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Kennedy, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E. Battlefield  
 City Springfield State MO Zip Code 65807-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR573884933034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**C. Haberman, Caleb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9301 Bryant Ave S Ste 105  
 City Bloomington State MN Zip Code 55420-3473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR623646633034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 145 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Parker, Frederick, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12303 Hwy 707 Suite B  
 City Murrells Inlet State SC Zip Code 29576-9740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hibbits Insurance Inc Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR742659133034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**B. Petrovas, Lisa, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7127 Homestead Road Suite B  
 City Fort Wayne State IN Zip Code 46814-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trahin Insurance Services LLC Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR746093233034**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Weekly)

**C. Nichols, Thomas, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 S Berry Suite 100  
 City Norman State OK Zip Code 73072-7480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR840269933034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 146 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

**A. Mulcare, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 S 6th St  
 City Klamath Falls State OR Zip Code 97601-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Highstreet Insurance & Financial Servi Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR860243833034**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$85.00 Weekly)

**B. Morgan, Christian, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 W Commercial Blvd Ste 306  
 City Fort Lauderdale State FL Zip Code 33309-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1870.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR891081433034**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 P/R Deduction (\$170.00 Weekly)

**C. Israel, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 Winchester Road NE  
 City Huntsville State AL Zip Code 35811-8904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Archi-Agency Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 438.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : PR919114033034**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 P/R Deduction (\$42.00 Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 297.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 147 OF 154   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

|   |                                    |                                       |  |
|---|------------------------------------|---------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Eades, Christina, Marie, ,</b>         |                                    |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 30 / 2023<br><b>Transaction ID : PR956265533034</b> |
| Mailing Address 15411 W Waddell Rd<br>Ste 102 PMB 172   |                                    |                                       | Amount of Each Receipt this Period<br>30.00  |
| City Surprise   | State AZ                           | Zip Code 85379-5170                   | <input type="checkbox"/> Memo Item   |
| FEC ID number of contributing federal political committee. C  |                                    |                                       | P/R Deduction (\$30.00 Weekly)   |
| Name of Employer (for Individual)<br>Calibrated Benefits Group  |                                    | Occupation (for Individual)<br>Broker |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |                                       |  |

|   |                                    |                                       |  |
|---|------------------------------------|---------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Arnold, Shelley, L., ,</b>             |                                    |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 30 / 2023<br><b>Transaction ID : PR984491233034</b> |
| Mailing Address 3525 Iron Horse Drive<br>#102   |                                    |                                       | Amount of Each Receipt this Period<br>30.00  |
| City Ladson   | State SC                           | Zip Code 29456-4331                   | <input type="checkbox"/> Memo Item   |
| FEC ID number of contributing federal political committee. C  |                                    |                                       | P/R Deduction (\$30.00 Weekly)   |
| Name of Employer (for Individual)<br>American Eagle Insurance Agency  |                                    | Occupation (for Individual)<br>Broker |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>330.00 |                                       |  |

|   |                          |                             |  |
|---|--------------------------|-----------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C.</b>                                  |                          |                             | Date of Receipt<br>M M / D D / Y Y Y Y Y Y |
| Mailing Address   |                          |                             | Amount of Each Receipt this Period         |
| City  | State                    | Zip Code                    | <input type="checkbox"/> Memo Item         |
| FEC ID number of contributing federal political committee. C  |                          |                             |  |
| Name of Employer (for Individual)   |                          | Occupation (for Individual) |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ |                             |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 60.00    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 24174.17 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City  
San Jose

State  
CA

Zip Code  
95131

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C [ ]

**Transaction ID : 17811074**

Amount of Each Disbursement this Period

[ ] 661.70

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

[ ] 661.70

**TOTAL** This Period (last page this line number only).....▶

[ ] 661.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Manchin For West Virginia**

Mailing Address PO Box 5202

City  
Charleston

State  
WV

Zip Code  
25361

Purpose of Disbursement

011

Candidate Name

Manchin, Joe, , Sen., III

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: WV

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2023

FEC Identification Number

C C00486563

**Transaction ID : 16207327**

Amount of Each Disbursement this Period

- 4000.00

Memo Item Re-designation on 11/08/2023

Full Name (Last, First, Middle Initial)

**B. Lisa Murkowski For US Senate**

Mailing Address PO Box 100847

City  
Anchorage

State  
AK

Zip Code  
99510

Purpose of Disbursement

011

Candidate Name

Murkowski, Lisa, , Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2028

Primary  General  
 Other (specify)

State: AK

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2023

FEC Identification Number

C C00384529

**Transaction ID : 17760245**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Houchin For Congress**

Mailing Address PO Box 234

City  
Salem

State  
IN

Zip Code  
47167

Purpose of Disbursement

011

Candidate Name

Houchin, Erin, , Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: IN

District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2023

FEC Identification Number

C C00800649

**Transaction ID : 17760597**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Funds Reported On <Dec. 20th 2021 FEC Report>

Candidate Name

Manchin, Joe, , Sen., III

Office Sought: House, Senate (checked), President

State: WV District:

Disbursement For: 2024 Primary (checked), General, Other (specify)

011 Category/Type

Date of Disbursement

Date grid showing 11/11/2021

FEC Identification Number

C00486563

Transaction ID : 17761503

Amount of Each Disbursement this Period

4000.00

Memo Item Funds Reported On <Dec. 20th 2021 FEC Report>

Full Name (Last, First, Middle Initial)

B. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Re-designated funds for trans. dated 11/11/2021

Candidate Name

Manchin, Joe, , Sen., III

Office Sought: House, Senate (checked), President

State: WV District:

Disbursement For: 2024 Primary (checked), General, Other (specify)

011 Category/Type

Date of Disbursement

Date grid showing 11/08/2023

FEC Identification Number

C00486563

Transaction ID : 17761504

Amount of Each Disbursement this Period

4000.00

Memo Item Re-designated funds for trans. dated 11/11/2021

Full Name (Last, First, Middle Initial)

C. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Candidate Name

Manchin, Joe, , Sen., III

Office Sought: House, Senate (checked), President

State: WV District:

Disbursement For: 2024 Primary, General (checked), Other (specify)

011 Category/Type

Date of Disbursement

Date grid showing 11/08/2023

FEC Identification Number

C00486563

Transaction ID : 17761505

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Summary boxes for subtotal (1000.00) and total.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Guthrie For Congress**

Mailing Address PO Box 22401

City  
Louisville

State  
KY

Zip Code  
42102-9639

Purpose of Disbursement

011

Candidate Name

Guthrie, Brett, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00445023

**Transaction ID : 17802565**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Zinke For Congress**

Mailing Address PO Box 1596

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement

011

Candidate Name

Zinke, Ryan, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: MT District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C C00550871

**Transaction ID : 17802579**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. McConnell for Majority Leader**

Mailing Address PO Box 1496

City  
Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

**Transaction ID : 17805309**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Full Name (Last, First, Middle Initial)

**A. Issa For Congress**

Mailing Address PO Box 760

City  
Vista

State  
CA

Zip Code  
92085

Purpose of Disbursement

011

Candidate Name

Issa, Darrell, E., Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: CA

District: 49

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00350520

**Transaction ID : 17806032**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric Burlison For Congress**

Mailing Address 2135 E. Independence Ave.  
#1007

City  
Springfield

State  
MO

Zip Code  
65804

Purpose of Disbursement

011

Candidate Name

Burlison, Eric, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: MO

District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00788414

**Transaction ID : 17806768**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement

011

Candidate Name

Schneider, Brad, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: IL

District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C C00495952

**Transaction ID : 17806769**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**National Association of Benefits and Insurance Professionals PAC (NABIP PAC)**

Full Name (Last, First, Middle Initial)

**A. David Scott For Congress**

Mailing Address PO Box 960821

City  
Riverdale

State  
GA

Zip Code  
30296

Purpose of Disbursement

011

Candidate Name

Scott, David, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 29 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00369801

**Transaction ID : 17806771**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement

011

Candidate Name

Castor, Kathy, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: FL District: 14

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 29 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00410761

**Transaction ID : 17806773**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Granite Values PAC**

Mailing Address 105 N STATE STREET

City  
Concord

State  
NH

Zip Code  
03301

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 29 |   |   | 2023 |   |   |   |

FEC Identification Number

C C00629311

**Transaction ID : 17806774**

Amount of Each Disbursement this Period

4000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

